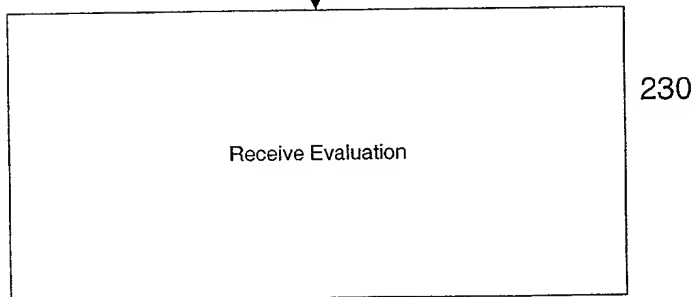
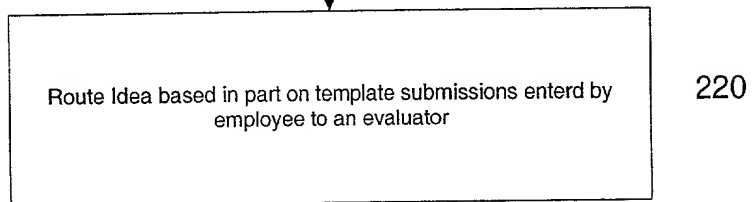
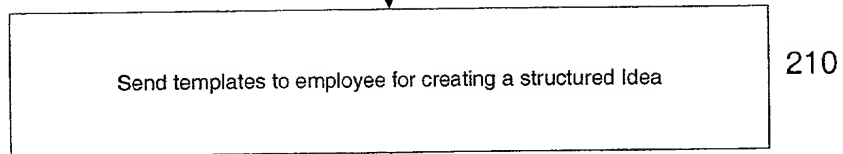


Fig. 1

Start



End

Fig. 2

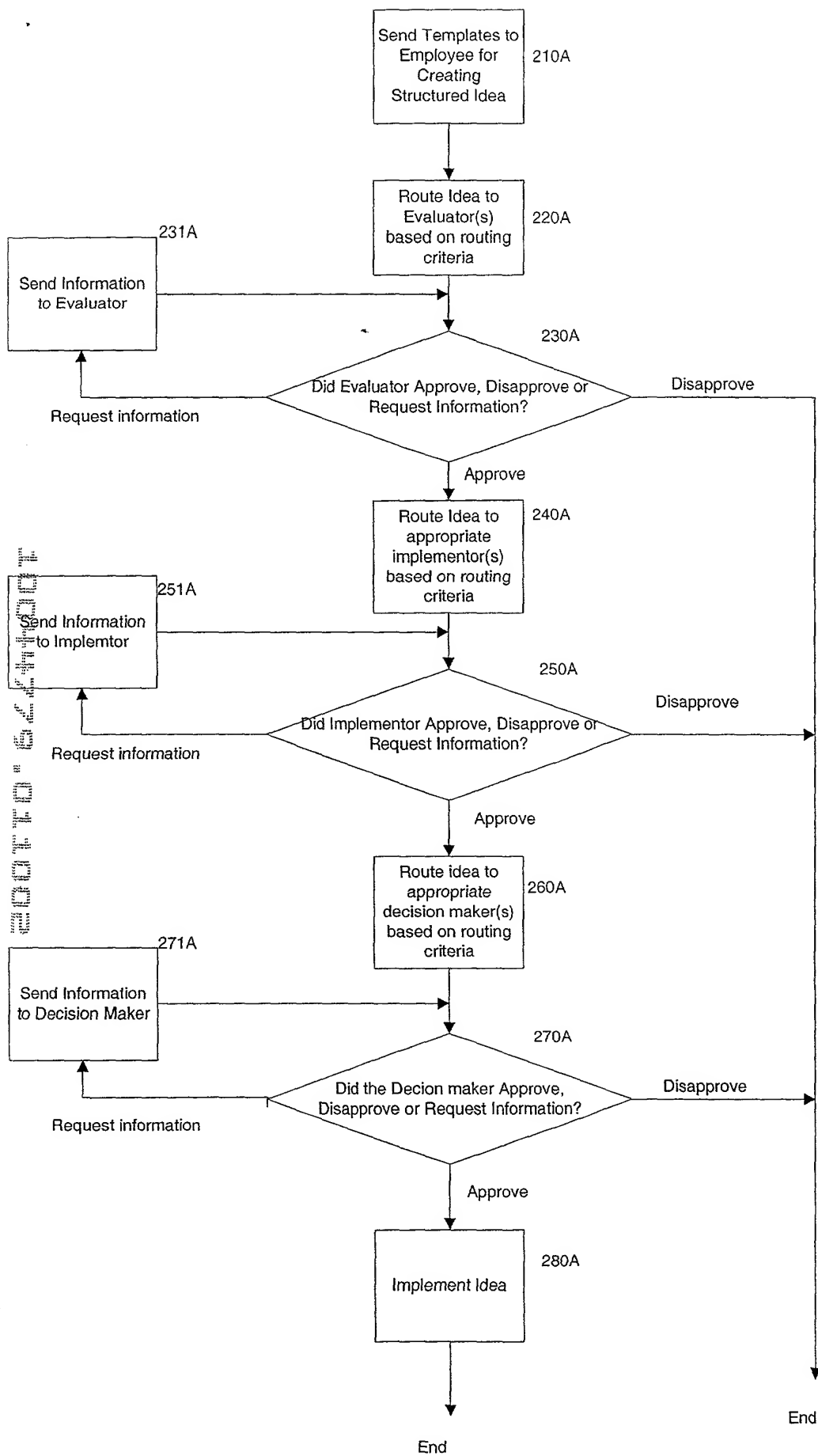


Fig. 2A

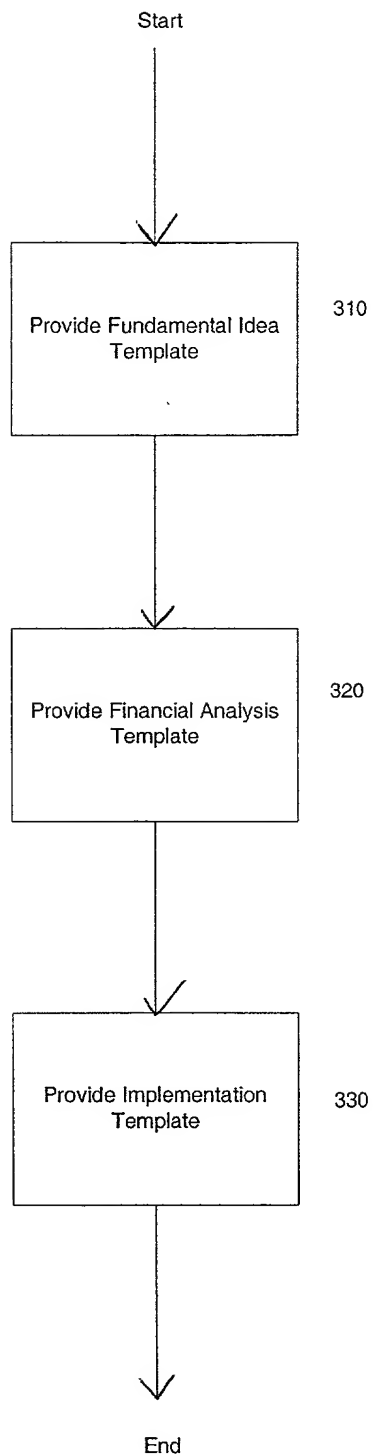








Fig. 3

Customer Service Improvement

Comparative Analysis

- 1  Getting Started
- 2  Check for Duplicate Ideas
- 3  Idea Coach
- 4  Check Costs Database
- 5  Employee to Employee Help
- 6  Resource Contact

A Describe the current practice?

B Describe your customer service improvement idea?

C Did this idea come about as a result of a complaint?

- ☐ Yes
☐ No

D If yes, please describe the complaint and it's frequency?

E How would you measure the impact of this idea (methods, tools etc)?

F Are there any potential drawbacks to your idea?

G Should customers be notified of this customer service improvement once the idea has been implemented? If yes, please list the customers here.

Attachment

Go to Next Step →

FIG. 3B

Environment, Health and Safety

Comparative Analysis

- 1 Getting Started
- 2 Check for Duplicate Ideas
- 3 Idea Coach
- 4 Check Costs Database
- 5 Employee to Employee Help
- 6 Resource Contact

Step 1 Step 2 Step 3

Describe the current practice?

Describe your environment, health, and safety idea?

What risk and relevant statistics are associated with the current practice? (Contact general resources in the Resource Contact tool for information and stats)

How would you measure the impact of this idea. Could ask an Idea Coach for help with this?

Are there any potential problems or challenges associated with your idea?

Does your idea require regulator or government approval prior to implementation? (You could ask an Idea Coach for help with this)

Attachment Go to Next Step

Fig. 3C

Quality Improvement

Comparative Analysis

- 1 Getting Started
- 2 Check for Duplicate Ideas
- 3 Idea Coach
- 4 Check Costs Database
- 5 Employee to Employee Help
- 6 Resource Contact

Step 1 Step 2 Step 3

Describe the current practice?

Describe your Improvement Idea?

Does this quality idea affect?

- ☒ MDS Employees
☐ MDS Customers
☐ Both

How would you measure the potential quality improvement? (You could ask an Idea Coach for help with this)

Are there any potential drawbacks to your idea?

Attachment Go to Next Step

FIG. 3D

- 1 Getting Started
- 2 Check for Duplicate Ideas
- 3 Idea Coach
- 4 Check Costs Database
- 5 Employee to Employee Help
- 6 Resource Contact

Comparative Analysis

Step 1 Step 2 Step 3

What is the current practice?

Describe your worklife at MDS idea?

How would you measure the impact of your idea? (Ask an Idea Coach for help or contact the H/R department through the Resource Contact tool)

Attachment Go to Next Step

Fig. 3E

- 1 Getting Started
- 2 Check for Duplicate Ideas
- 3 Idea Coach
- 4 Check Costs Database
- 5 Employee to Employee Help
- 6 Resource Contact

Comparative Analysis

Step 1 Step 2 Step 3

What is the current practice or policy you propose to change?

--	--	--

What is the proposed practice or policy you propose to change?

--	--	--

How would you measure the impact of this idea? (methods, tools, etc.)

--	--	--

Are there any potential challenges in changing this current practice or policy?

--	--	--

Attachment Go to Next Step

FIG. 3F

- 1 Getting Started
- 2 Check for Duplicate Ideas
- 3 Idea Coach
- 4 Check Costs Database
- 5 Employee to Employee Help
- 6 Resource Contact

Comparative Analysis

Step 1 Step 2 Step 3

Describe your new product or service?

What is your target market?

What is the estimated size of the target market?

\$ (You could ask an Idea Coach for help with this)

What are the estimated sales for the first year?

\$ (Use Idea Tools to assist you)

Do you see any potential problems or challenges with this new product or service?

Does your idea require regulatory or government approval? (Use Resource Contact tool to contact Regulatory Affairs)

Does a similar product or service exist elsewhere?

Yes No

If yes, please list the similar product (s) or service (s) and list the manufacturer or provider

Product or Service Manufacturer or Provider

Attachment

Go to Next Step

Comparative Analysis

- 1 Getting Started
- 2 Check for Duplicate Ideas
- 3 Idea Cool!
- 4 Check Costs Database
- 5 Employee to Employee Help
- 6 Resource Contact

Step 1 Step 2 Step 3

Describe the current practice?

Describe your idea?

How would you measure the impact of this idea (methods, tools etc)?

How would you measure the potential technical improvement (methods, tools etc)?

Are there any potential problems or changes associated with your idea?

Attachment Go to Next Step

Fig. 3H

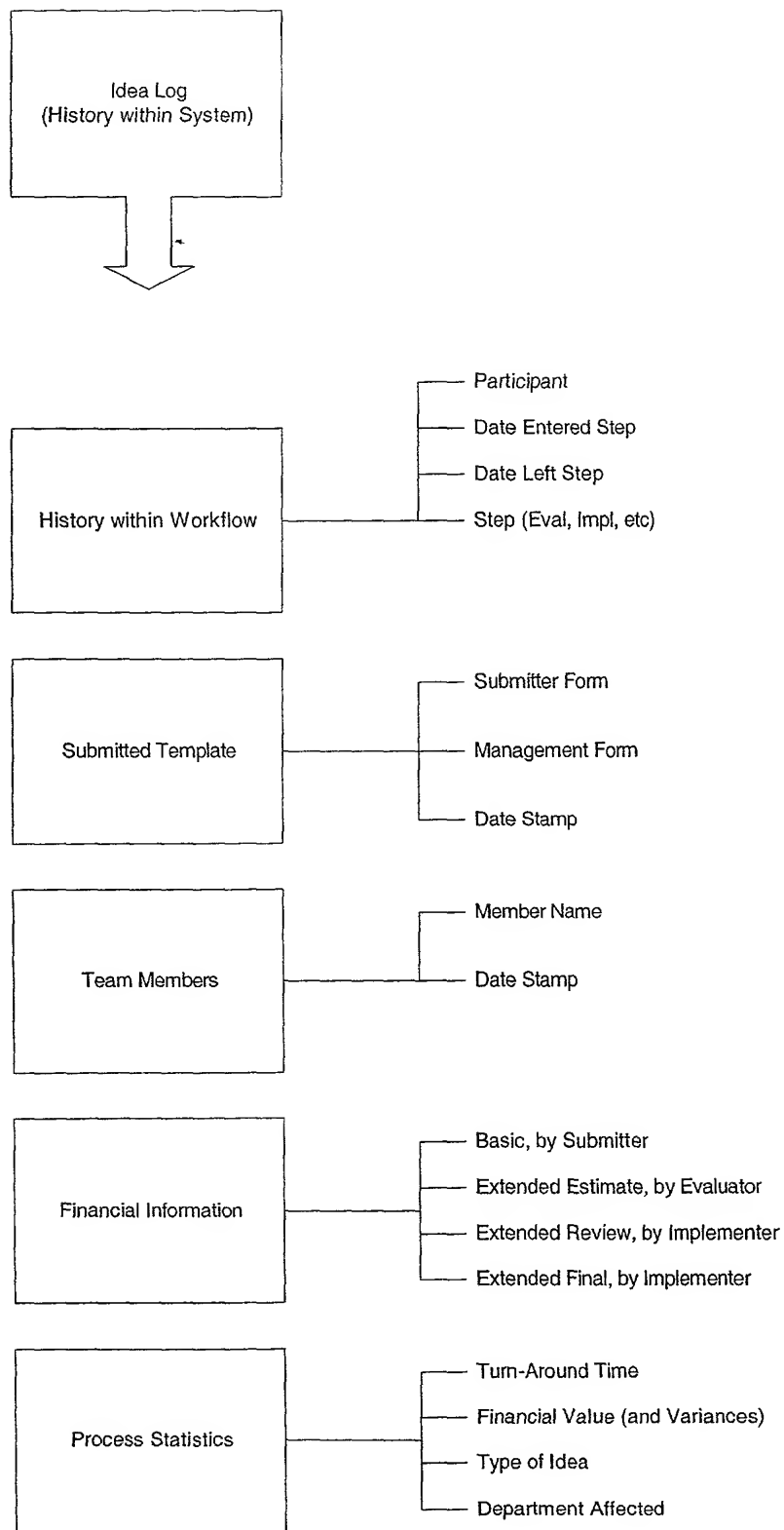
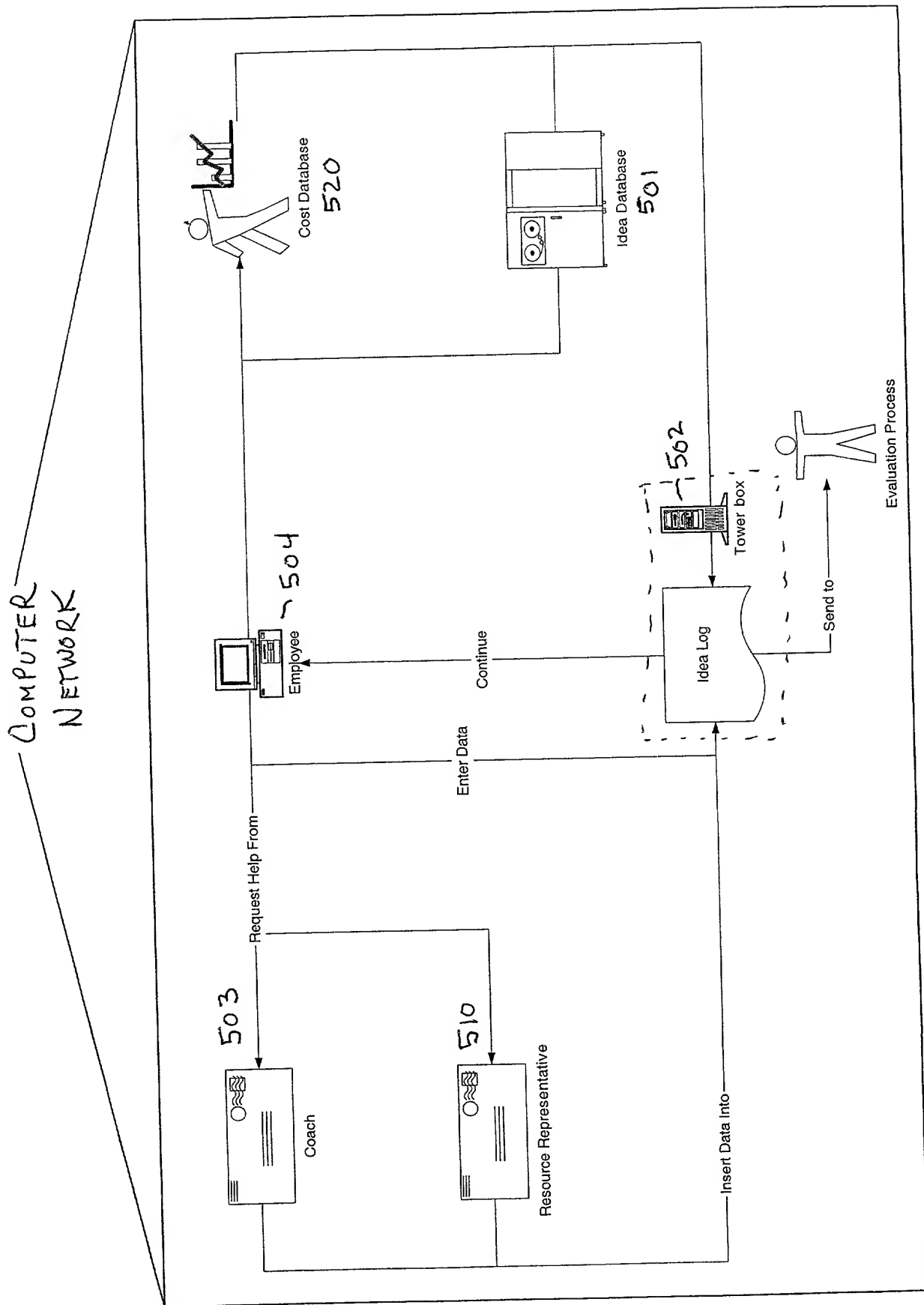








Fig. 4

Fig. 5



- 1  Getting Started
- 2  Check for Duplicate Ideas
- 3  Idea Coach
- 4  Check Costs Database
- 5  Employee to Employee Help
- 6  Resource Contact

Outline of your Idea

1 Is this a team idea ? ☒ No ☐ Yes

2 Does this idea have a financial impact ? ☐ No ☒ Yes

3 Idea Title

4 Which department will it benefit:

—Choose a department—

5 What's your idea about:

- ☒ Customer Service Improvement
- ☐ Cost Savings
- ☐ Revenue Generating
- ☐ New Product and Service
- ☐ Technical
- ☐ Environment, Health and Safety
- ☐ Quality Improvement
- ☐ Worklife at MDS
- ☐ Practice or Policy Changes

Go to Next Step →

Determines if "Team" Page Appears

Determines if Step 2: Financial Analysis Appears

Possible Workflow/ Routing Criteria

Selects the "Comparative Analysis" Template

FIG. 6

Customer Service Improvement "E-Z" Form

Financial Analysis

- 1 Getting Started
- 2 Check for Duplicate Ideas
- 3 Idea Coach
- 4 Check Costs Database
- 5 Employee to Employee Help
- 6 Resource Contact

Step 1 Step 2 Step 3

*Fill in the categories that apply to your idea.

1 Current costs before my idea	12 months	
		\$
		\$
(-) minus		
2 Ongoing costs of my idea	12 months	
		\$
		\$
(-) minus		
+ plus		
3 New revenue generated by my idea	12 months	
		\$
		\$
(-) minus		
4 One time implementation costs of my idea	12 months	
		\$
		\$
(-) minus		
5 Capital required to make my idea happen	12 months	
		\$
		\$
		\$

Financial value of idea = 1 - 2 + 3 - 4 - 5

Attachment Go to Next Step →

Fig. 8

Implementation Analysis

Step 1 Describe the process of implementation in steps (i.e. trial/pilot, rollout to a limited number of sites or departments, full implementation across the company, additional employees, special equipment, outside expertise or subcontracting, etc)

Step 2 What are the non financial costs associated with implementing your idea? (Use Resource Contact tool to contact Operations Department or check Cost Database in Idea Tools)

Step 3 What are other potential benefits associated with this idea?

Step 4 Who do you think should oversee this implementation?

Name	Title	Email	Phone
Name	Title	Email	Phone
Name	Title	Email	Phone

Estimated time required for implementation _____ Weeks

Attachment **Go to Next Step**

FIG. 9

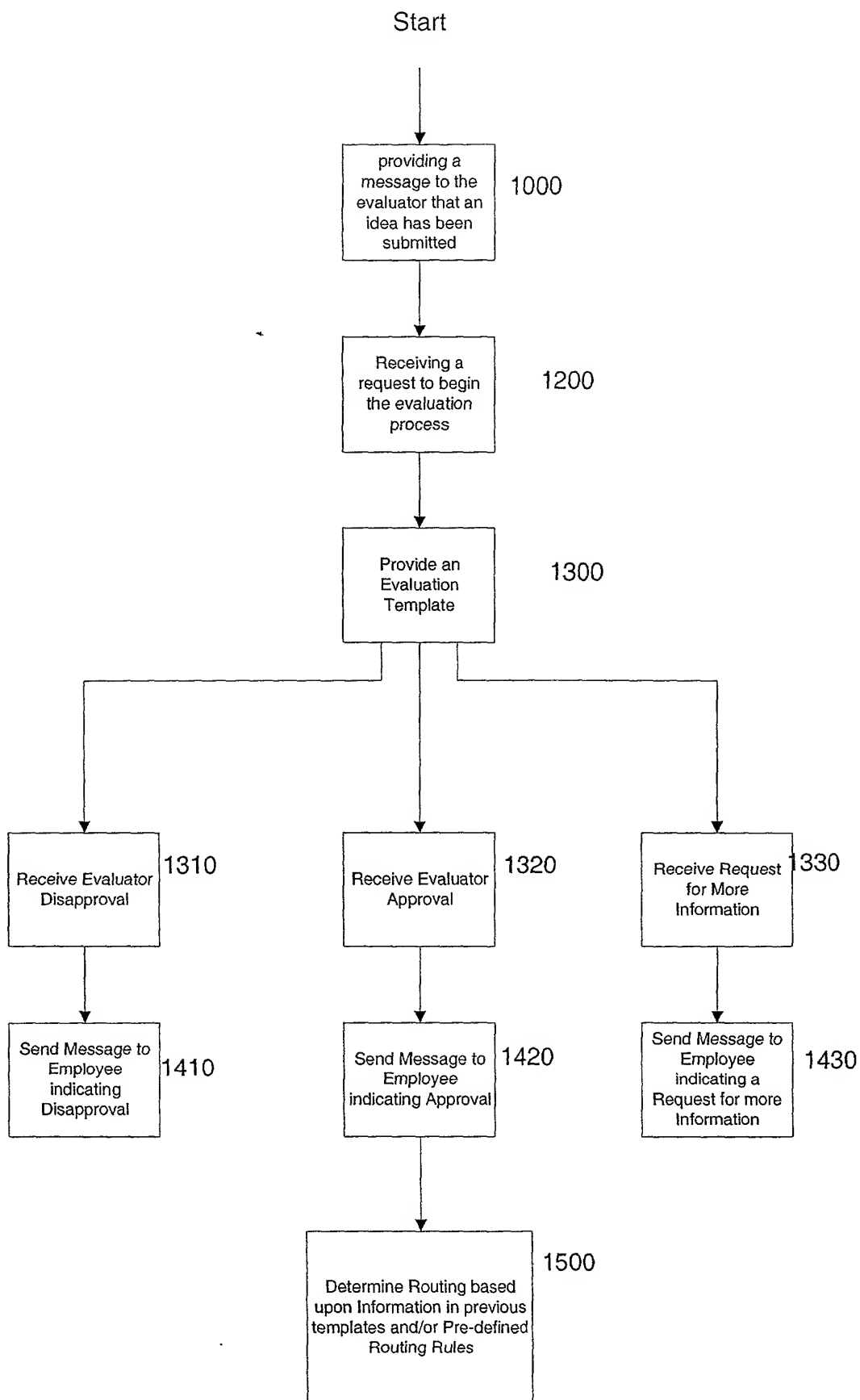


Fig. 10

Evaluation Response Form

test

Forward Idea

All non-approval responses or requests for additional information must be accompanied with an explanation

Response

- ☒ I approve this idea (to implementer)
- ☐ I need more information (to idea generator)
- ☐ Non-approve

Evaluation deadline date 12/13/2001

Response form # 1

View Idea

Notes & Explanation

In order for this idea to be approved, the implementer must agree with all aspects of the idea and must agree to implementing the idea by the suggested implementation date, or one of his/her choosing.

Add Implementer

Implementer(s)

Implementation target date 12/13/2001

A. Enter current costs or new/increased revenue in the following boxes:

Cost Center	FTE Impacted	Revenue Impact	Expense Category	Amount

B. Estimated cost of implementing this idea:

Cost Center	FTE Impacted	Revenue Impact	Expense Category	Amount

Submit evaluation

Attachment

Fig. 10A

Implementation Response Form

test

Forward Idea

(from implementer to evaluator)

All implementation responses or requests for additional information must be accompanied with an explanation.

View Idea

Response Form # and history	1
Implementation Deadline	12/13/2001
Notes:	

In order for this idea to be approved, the implementer must agree with all aspects of the idea and must commit to implementing the idea by a specific date.

Implementation date suggested by evaluator

12/13/2001

Implementation date committed to by implementer

12/13/2001

A. Enter current costs or new/increased revenue in the following boxes:

Cost Center	FTE Impacted	Revenue Impact	Expense Category	Amount
	0	0	0	0
	0	0	0	0
	0	0	0	0

B. Enter estimated cost of implementing this idea:

Cost Center	FTE Impacted	Revenue Impact	Expense Category	Amount
	0	0	0	0
	0	0	0	0
	0	0	0	0

Submit post-implementation

Attachment

FIG. 11

Idea Evaluation Decision

test

Forward Idea

(from evaluator to author)

View Idea

After careful evaluation, your idea has been

- ☒ Approved as is
- ☐ Approved with modifications
- ☐ Non-Approved

Award Level/Points

3000

Modify The Level

Level 1 - 3000

Comments & Explanations

Submit

Attachment

Fig. 12

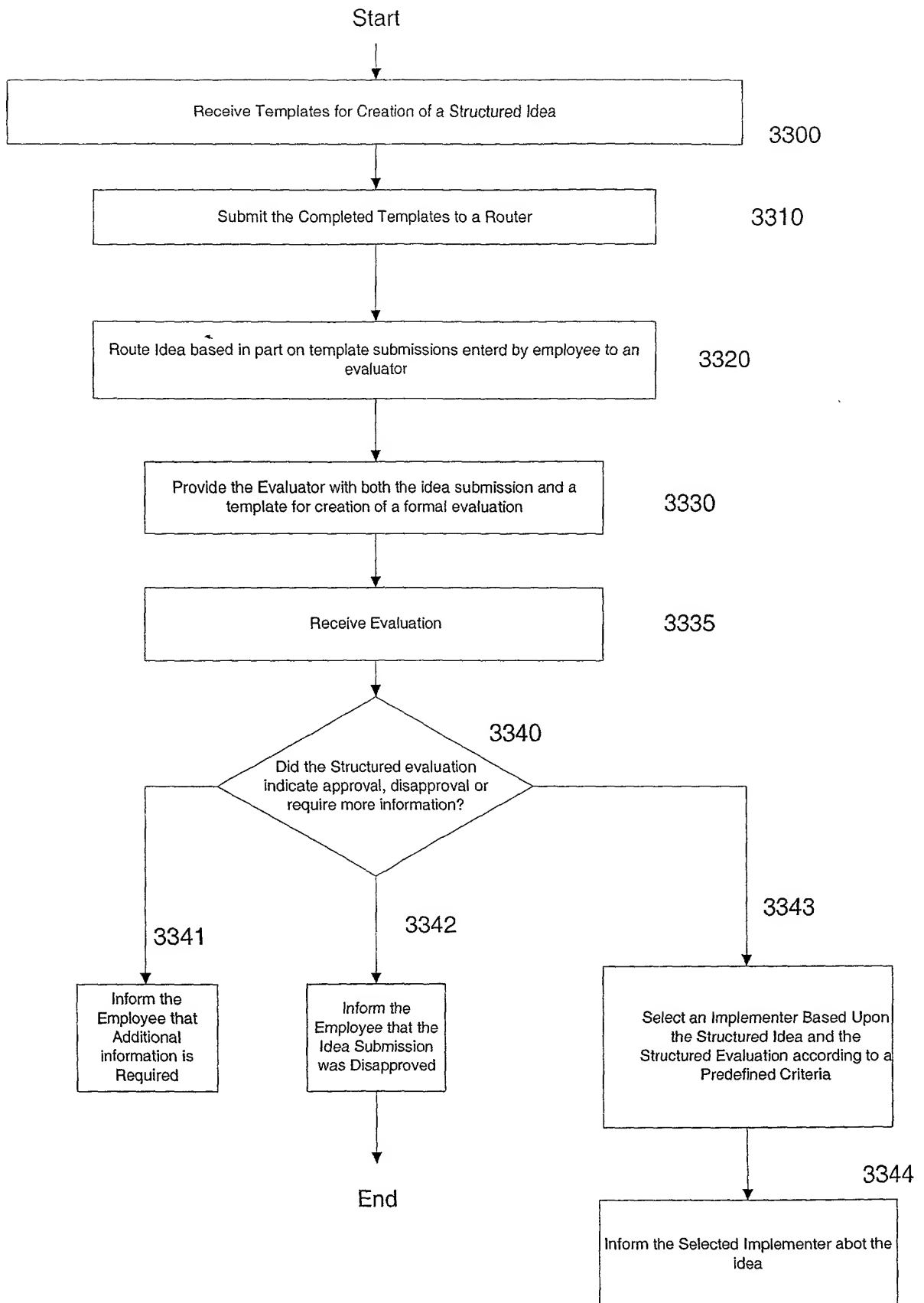


Fig. 13